

PTO/SB/97 (08-03)

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- FEE TRANSMITTAL (PTO/SB/17), in duplicate;
- RCE (PTO/SB/30), in duplicate;
- PET. FOR 2 MONTH EXT. (PTO/SB/22), in duplicate.

CUSTOMER NO.: 24498
Serial No.: 10/505,390
Docket No.: PF020015
Art Unit: 2132
Examiner: Devin E. Almeida

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 14

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1270.00

Complete if Known

Application Number 10/505,390
Filing Date August 20, 2004
First Named Inventor Alain Durand
Examiner Name Devin E. Almelda
Art Unit 2132
Attorney Docket No. PF020015

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METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
50	25	

Each Independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$50

=

\$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

x

\$200

=

0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.18(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): FEE FOR TWO MONTH EXTENSION - \$460.00
RCE FEE - \$810.00

\$1270.00

SUBMITTED BY

Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,877	Telephone	(609) 734-6440
Signature	Catherine A. Ferguson	November 1, 2007			

PTO/SB/17 (11/06)
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FEE TRANSMITTAL

for FY 2007

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**1270.00**

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

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Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

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Multiple dependent claims

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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

\$50

\$

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Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- or HP =

\$200

0

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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

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RCE FEE

- \$810.00

Fees Paid (\$)

\$1270.00

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Name (Print/Type)	CATHERINE A. FERGUSON	Registration No. (Attorney/Agent)	40,677	Telephone	(609) 734-6440
Signature	Catherine A. Ferguson				November 1, 2007